



297692



**POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT**

I. IDENTIFICATION

01 STATE IND	02 SITE NUMBER 980500227
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II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) <u>East Chicago Sanitary Dist</u>		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER <u>5200 Indianapolis Boulevard</u>			
03 CITY <u>East Chicago</u>		04 STATE <u>IN</u>	05 ZIP CODE <u>46312</u>	06 COUNTY <u>Lake</u>	07 COUNTY CODE <u>89</u>
08 COORDINATES LATITUDE <u>41 37 10. W</u>		LONGITUDE <u>087 28 12.0</u>			

10 DIRECTIONS TO SITE (Starting from nearest public road)

80-94 to Indianapolis Boulevard, N to 5200, East Side

III. RESPONSIBLE PARTIES

01 OWNER (If known) <u>City of East Chicago</u>		02 STREET (Business, mailing, residential) <u>4525 Indianapolis Boulevard</u>			
03 CITY <u>East Chicago</u>		04 STATE <u>IN</u>	05 ZIP CODE <u>46312</u>	06 TELEPHONE NUMBER <u>(219) 392-8494</u>	
07 OPERATOR (If known, and different from owner) <u>Peter Baranxai</u>		08 STREET (Business, mailing, residential) <u>5200 Indianapolis Boulevard</u>			
09 CITY <u>East Chicago</u>		10 STATE <u>IN</u>	11 ZIP CODE <u>46312</u>	12 TELEPHONE NUMBER <u>(219) 392-8490</u>	

13 TYPE OF OWNERSHIP (Check one)

☐ A. PRIVATE ☐ B. FEDERAL: _____ (Agency name) ☐ C. STATE ☐ D. COUNTY ☒ E. MUNICIPAL
☐ F. OTHER: _____ (Specify) ☐ G. UNKNOWN

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

☐ A. RCRA 3001 DATE RECEIVED _____ MONTH DAY YEAR ☐ B. UNCONTROLLED WASTE SITE (RCRA 103 G) DATE RECEIVED _____ MONTH DAY YEAR ☒ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE _____ MONTH DAY YEAR <input type="checkbox"/> NO		BY (Check all that apply): <input checked="" type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one): <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR <u>1972</u> ENDING YEAR <u>Present</u> <input type="checkbox"/> UNKNOWN			

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

sludge (toxic)

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

Groundwater (Population/Environment)
Surface Water (Population/Environment)

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)

☐ A. HIGH (inspection required promptly) ☐ B. MEDIUM (inspection required) ☒ C. LOW (inspect on time available basis) ☐ D. NONE (no further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT <u>George Oliver</u> <u>10/1/84</u>		02 OF (Agency/Organization) <u>Indiana State Board of Health</u>		03 TELEPHONE NUMBER <u>(317) 243-5038</u>	
04 PERSON RESPONSIBLE FOR ASSESSMENT <u>L. Kolze, S. Gentry</u>		05 AGENCY <u>LPC</u>	06 ORGANIZATION <u>ISBH</u>	07 TELEPHONE NUMBER <u>(317) 243-5039</u>	08 DATE <u>7 24 84</u> MONTH DAY YEAR



<input checked="" type="checkbox"/> A TOXIC	<input type="checkbox"/> E SOLUBLE	<input type="checkbox"/> I HIGHLY VOLATILE
<input type="checkbox"/> B CORROSIVE	<input type="checkbox"/> F INFECTIOUS	<input type="checkbox"/> J EXPLOSIVE
<input type="checkbox"/> C RADIOACTIVE	<input type="checkbox"/> G FLAMMABLE	<input type="checkbox"/> K REACTIVE
<input checked="" type="checkbox"/> D PERSISTENT	<input type="checkbox"/> H IGNITABLE	<input type="checkbox"/> L INCOMPATIBLE
		<input type="checkbox"/> M NOT APPLICABLE

EPA FORM 2070-12 (7-81)



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IND 980500227

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

Unlined sludge lagoon, soils are highly permeable.

01 ☐ B SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

This site is located on the Grand Calumet River.
no berms exist between the lagoon and the river, in low lying areas.

01 ☐ C CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ D FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ E DIRECT CONTACT 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ F CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED 6200 ft² 04 NARRATIVE DESCRIPTION
(Acres)

Contamination of soil would most likely be restricted to lagoon area.

01 ☐ G DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

n/a

01 ☐ H WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

n/a

01 ☐ I POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED 2,000 04 NARRATIVE DESCRIPTION

Grand Calumet River is used for recreational purposes.



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PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
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II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☒ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species):

02 ☐ OBSERVED (DATE _____)

☒ POTENTIAL

☐ ALLEGED

Damage to biota of the Grand Calumet.

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills, runoff, standing liquid, leaking drums): 2,000

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED 04 NARRATIVE DESCRIPTION

The lagoon is cited numerous times from 76-84 for unsatisfactory maintenance.

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

The operating practices of this WWTP caused Illinois to file suit against East Chicago Sanitary District for pollution.

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

Note: Land Application of sludges was approved by Indiana.

V. SOURCES OF INFORMATION (Cite specific references e.g. state files, sample analysis reports.)

Indiana State Board of Health files, Water and Land Pollution.